

FILED**5/2/2016**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

VENTURA LECHUGA

RECEIVEDAPR 04 2016 ^{EAC}THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No:
(To be

16-cv-4045

Judge John J. Tharp Jr.

Magistrate Judge Jeffrey T. Gilbert
PC 8

TOM DART[SHERIFF], COOK COUNTY

JAIL, CERMAK HEALTH SERVICES [John DOE].

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:**

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: VENTURA LECHUGA
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: SHAWNEE C.C. 6665 ST RTE. 146 EAST, VIENNA, IL. 62995
- E. Address: S.C.C. 6665 STATE ROUTE 146 EAST, VIENNA, ILLINOIS. 62995

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART
Title: SHERIFF OF COOK COUNTY JAIL
Place of Employment: COOK COUNTY
- B. Defendant: COOK COUNTY JAIL
Title: JAIL SYSTEM
Place of Employment: -----
- C. Defendant: CERMAK HEALTH SERVICES
Title: HEALTH SOURCES[PROVIDER OF SERVICES TO COOK COUNTY JAIL]
Place of Employment: 2800 S. California Avenue, Chicago, IL. 60608

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Plaintiff states that the above named defendant[s] violated this plaintiff's Eighth Amendment right of DELIBERATE INDIFFERENCE as well as CRUEL AND UNUSUAL PUNISHMENT, when plaintiff was left exposed to extreme cold temperatures, due to broken windows of the cells.

1]. CRUEL/UN. PUNISH--- Plaintiff sat almost five days in a cell while being continuously subjected to the outside temperatures, which fell into the low 30's to the high 20's. Plaintiff then complained for days about the cold temperature of the cell and that the windows of that cell[#2030] were broken and glass was missing from them. And as a result from being held several weeks[see attached grievance for direct proof] in the same cell plaintiff contracted a cold or flu and it persisted for two and a half weeks, plaintiff had only a torn blanket that barely covered plaintiff's entire body. Plaintiff had nothing to block the wind or cold from coming into the cell. Plaintiff was provided no warm clothing, after complaining about the extremely cold temperatures.

Being that defendant TOM DART is the sheriff of Cook County jail, he was obligated to make sure that the cells were properly maintained and that each inmate was not over exposed to the extreme temperatures of the seasons. Plaintiff filed numerous grievances on the issues, but nothing was ever really done. Plaintiff

admits that he was eventually moved to another cell. but it to had cracks in
the window, it was onlt less exposed and a little more bearable.

COUNT II: DELIBERATE INDIFFERENCE:

Plaintiff states that the cook county sheriff as well as it's
medical personal were deliberate indifference to the health and safety of those
within their care and custody.

Plaintiff filed grievances stating that, he had got a cold or flu
and that it was getting worse and plaintiff needed the proper medication to
get rid of and maintain the cold or flu. The defendants did nothing to alleviate
the problem. Plaintiff was throwing up, coughing, was running a high temperature,
has a runny nose and was coughing excessively, for over a week, yet the nursing staff
did anything about it and when plaintiff complained to those jailers/officers
they responded by telling plaintiff to man up, it just a cold, you'll get over it
soon.

On one of the responses from his grievances, the medical dept of CERMAK
HEALTH SOURCES, stated that plaintiff had an upcoming primary care evaluation
and that is when he would be seen. They did not care what was happening with the
plaintiff and was allowed to sit several days later after he got his response from
his grievances.

R E L I E F :

Plaintiff requests that an injunction be filed against Tom Dart and the Cook County Jail and have them fix any and all broken windows, and have them conduct a more routine healthcare response application.

Plaintiff also requests punitive damages from Tom Dart for the sum of \$45,000.00 and \$14,500.00 from Cermak health services for allowing plaintiff to sit in a cold cell with a cold or flu for over a week.

The plaintiff demands a jury trial.....[X] yes no
[]

C E R T I F I C A T I O N

By signing this complaint, I certify that the facts stated in this Complaint are true and correct to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subjected to sanction by the Court of review.

SIGNED, THIS _____ DAY OF 11-17, 2013

Ventura Leclerc

ID# M52609

Shawnee CC.

6665 State R + 146E Vienna IL 62995



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Lechuga

INMATE FIRST NAME (Primer Nombre):

Ventura

ID Number (# de Identificación):

20120622105

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200- Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak Health Services

DATE REFERRED:

11/20/14

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Patient has upcoming kidney procedure. Please hold him from 10 to 11C.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Laurie Simon

SIGNATURE:

Laurie Simon

DIV./DEPT.

10

DATE:

12/15/14

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X REFUSED TO SIGN

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

12/14/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2014 ~~2014~~ 7467

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Lechuga

VENTURA

20120622105

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

See attached

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See PGL 12/17/14

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

A.N.

[Signature]

12/27/14

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

[Signature]

1/2/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

1/2/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I never received any medical treatment and I'm not satisfied I rec'd medical treatment.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

You were seen in clinic on 1/17/15 as stable above. Medications & treatments are only ordered as clinically indicated.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

[Signature]

[Signature]

1/7/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

[Signature]

1/1/15

COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20147480

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Lechuga

Ventura

20120622105

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070-Facility Repair

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

See attached. Inmate has filed a non-grievance request and now wants to obtain a control number.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Facilities Management

12/30/14

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Inmate has been referred to the appropriate personnel for the purpose of the appeal.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Mr. De Silva

[Signature]

Admin

1/12/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Ventura Lechuga

01/12/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido) 1/12/15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I was in a cell for several weeks and I was cold. I also got sick from being in cell # 2030. I was trying to get medical attention but never received it.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

No

☐☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o su designado(a):)

Submit health request form for medical concerns

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

Mereso Osmo

[Signature]

1/14/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE (Fecha en que el preso recibió respuesta a su apelación):

Ventura Lechuga

1/14/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

This section is to be completed by Program Services Staff - ONLY! (Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Ceballos

PRINT - FIRST NAME (Primer Nombre):

Ventura

ID Number (# de identificación):

20120627105

DIVISION (División):

9

LIVING UNIT (Unidad):

2F

DATE (Fecha):

11 / 18 / 14

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podrá re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, Incluya:Date of Incident
Fecha Del IncidenteTime of Incident
Hora Del IncidenteSpecific Location of Incident
Lugar Especifico Del Incidente

I'm on 2F Cell 2030 and my window is broken
There's no glass at all in the window and it's freezing
a hell

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

That the window be fixed

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

Edward Rumbold 20110627071

INMATE SIGNATURE (Firma del Preso):

Ventura Ceballos

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

M. C. Smith

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

11 / 19 / 14

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:

1 / 1 / 14



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Time of Incident

Specific Location of Incident

Fecha Del Incidente

Hora Del Incidente

Lugar Específico Del Incidente)

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



STATE OF ILLINOIS)
)
COUNTY OF JOHNSON)

AFFIDAVIT

I, Ventura Lechuga, after being sworn upon my oath, depose and states as follows;

My current residence is S.C.C. 66665 St. RTE. 146 EAST
Vienna, IL. 62995.

I am making this affidavit for the purpose of FACTUAL Allegation Supporting
1983 Civil Complaint. [Northern District of Illinois.]

I make the following statements on oath regarding the purpose of this affidavit, as stated above:

That while incarcerated at Cook Co. Jail, This Affiant was
Exposed to Extreme Cold Temperatures For A Couple of weeks
And on Four of Those Days Temperatures Dropped to low
20's and were as high as Upper 30's. - Affiant Had Broken
Windows And Cold winds, Rains, snows were Allowed to come into the
cell.
Cells. Affiant complained, wrote Grievances on Broken window and Healthcare
Because Affiant Got Sick with A Cold or Flu. - Nothing was Done, except
they Moved Affiant to A New cell weeks later, which also Had Broken windows
Just Not As excessive as cell # [2050].
Tendant maintains the Jail And
Based upon the Grievances Filed, He knew about the Problem.

/s/ Ventura Lechuga
Affiant

Subscribed and Sworn to me

This 17th day of November 2015
Debra Willis
NOTARY PUBLIC



STATE OF ILLINOIS)

COUNTY OF JOHNSON)

AFFIDAVIT

I, Ventura Lechuga, after being sworn upon my oath, depose and states as follows;

My current residence is S.C.C., 6665 St. Rte. 146 East, Ureana, IL 62985.

I am making this affidavit for the purpose of PERSONAL ISSUES OF COMPLAINT

I make the following statements on oath regarding the purpose of this affidavit, as stated above:

I HAVE BEEN WAITING FOR MY SIX MONTH
PRINT-OUT FOR MY IN FORMER PAPERS + I WENT
TO SEC FOR 3 MONTHS - AS THE COURT CAN SEE THE
COMPLAINT WAS NOTARIZED WELL WITHIN THE FILING DATE.
PLUS - PLAINTIFF ATTEMPTED TO SEND OUT COMPLAINT BUT
IT WAS SENT BACK FOR INSUFFICIENT FUNDS.



/s/ Ventura Lechuga
Affiant

Subscribed and Sworn to me

This 25th day of March 2016.

DEDA MILLIS
NOTARY PUBLIC

Northern District

IN THE CIRCUIT COURT OF COOK COUNTYVentura Lechuga~~Respondent~~ Plaintiff

VS.

Tom Dart [Sheriff], Cook County Jail;
German Health Services [John Doe]

NO. _____

FILEDAPR 04 2016 ^{PM}

Northern District

NOTICE OF FILING

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTTO: Clerk of Court TO: _____219 South Dearborn St.Chicago, IL.606041 original & 2 copy

_____ copy(ies)

_____ copy(ies)

PLEASE TAKE NOTE that on the Nov day of 17th, 2015, I have filed through the U.S. Mail, with the above named parties, the below listed documents (number of copies & originals filed are listed below the addresses of the parties):1) Complaint2) Affidavit3) Exhibits

4) _____

5) _____

6) _____

7) _____

8) _____

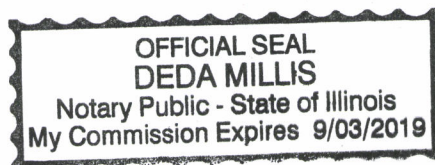
AFFIDAVIT OF SERVICE

I, Ventura Lechuga, being sworn state that I served the attached notice on the above named person(s) by placing a true and correct copy in an envelope(s), addressed as shown above, with the proper U.S. postage on each and deposited the envelope(s) in the U.S. Mail at S.C.C. Vienna, Illinois, 62995, on or about the hour of 3pm on Nov. 17th, 20 15./s/ Ventura Lechuga

Subscribed and Sworn to me

This 17th day of November 20 15

NOTARY PUBLIC



Ventura Lechuga M52609
Shawnee Correctional Center
6665 State Route 146 East
Vienna IL 62995

16-cv-4045
Judge John J. Tharp Jr.
Magistrate Judge Jeffrey T. Gilbert
PC 8

2016 APR -4 PM 2:46
EV

Northern District Clerk of Court
219 South Dearborn St.
Chicago IL 60604



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